

Virginia Department of Behavioral Health and Developmental Services
"Helping Others"
INITIAL PROVIDER APPLICATION FOR LICENSING
Code of Virginia §37.2-405 & §35-46

Please use a typewriter or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

1. APPLICANT INFORMATION: Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name: _____

Mailing Address _____

City: _____ County _____ State: _____

Zip: _____ Phone: () _____ Email: _____

Names of all Owners and the percentage (%) of the organization owned by each _____

Chief Executive Officer or Director. Identify the person responsible for the overall management and oversight of the service(s) to be operated by the applicant.

Name: _____ Title: _____

Phone: () _____ Fax Number: () _____ E-mail: _____

All Residential Services: (The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

Community Liaison Name: _____ Phone () _____ E-mail _____

2. ORGANIZATIONAL STRUCTURE: Identify the organizational structure of the applicant's governing body.

Check one(1) of the following:

☐ Non-Profit ☐ For-Profit

Check one(1) of the following:

☐ Individual (proprietorship) ☐ Partnership
☐ Corporation ☐ Unincorporated Organization or Association

Public agency:

☐ State ☐ Community Services Board ☐ Other

Identify accrediting or certifying organization from the following:

☐ Accreditation Council for Services for People with Developmental Disabilities ☐ Virginia Association of Special Education Facilities
☐ Joint Commission on Accreditation of Health Care Organizations ☐ Other association or organization: _____
☐ Commission on Accreditation of Rehabilitation Facilities

3. APPLICANT PARENT COMPANY INFORMATION: Identify the parent company of person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Company

Name: _____

Mailing Address: _____ City: _____ County: _____ State: _____

Zip: _____ Phone: () _____ E-mail: _____

Name: _____ Title: _____

SERVICE TYPE:

Place a check to identify the service type. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application. If the service population is not listed, please identify the population served, when required, as –Adults, Adolescents, or Children in the "Licensed As Statement" section

Check one	Service	Pgm	Description	Licensed As Statement
	01	001	ID Group Home Service	An intellectual disability residential group home service for adults.
	01	003	MH/SA Group Home Service	A mental health and/or substance abuse residential group home service for adults
	01	004	Group Home Service - REACH	An intellectual disability residential group home service for adults-REACH
	01	005	ICF-IID Group Home Service	An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential group home service for adults
	01	006	SA Residential Treatment Service	A substance abuse residential treatment service for adults
	01	007	Brain Injury Group Home Service	A brain injury residential treatment center for adults
	01	011	ID Supervised Living Service	An intellectual disability supervised living residential service for adults.
	01	012	MH Supervised Living Service	A mental health supervised living residential service for adults
	01	013	SA Supervised Living Service	A substance abuse supervised living residential service for adults.
	01	016	SA Halfway House	A substance abuse halfway house for adults
	01	019	MH Crisis Stabilization Service	A mental health residential crisis stabilization service for adults
	01	020	MH Crisis Stabilization Service	A mental health residential crisis stabilization service for children and adolescents
	01	021	MH Crisis Stabilization Service- REACH	A mental health crisis stabilization service for adults-REACH
	01	025	Managed w'drawal - Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	033	Residential Txt SA Women w/Children Service	A substance abuse residential treatment service for women and women with their children
	01	036	ID Residential Respite Service	An intellectual disability residential respite service for adults
	01	037	ID Residential Respite Service	An intellectual disability residential respite service for children and adolescents
	02	001	SA Intensive Outpatient Service	A substance abuse intensive outpatient service for adults
	02	003	SA Intensive Outpatient Service	A substance abuse intensive outpatient service for adolescents
	02	004	ID Center-Based Respite Service	An intellectual disability centered-based respite service for adults
	02	005	ID Center-Based Respite Service	An intellectual disability centered-based respite service for children and adolescents.
	02	006	ID Day Support Service	An intellectual disability center-based day support service for adults.
	02	007	ID Day Support Service	An intellectual disability center-based day support service for children and adolescents
	02	008	ID Day Support Service	An intellectual disability non center-based day support service for adults.
	02	009	ID Day Support Service	An intellectual disability non center-based day support service for children and adolescents
	02	010	DD Day Support Service	A developmental disability day support service for (population served) ()
	02	011	MH Psychosocial Rehabilitation	A mental health psychosocial rehabilitation service for adults
	02	014	Therapeutic Afterschool MH Service	A mental health therapeutic afterschool service for children with serious emotional disturbance
	02	019	MH Partial Hospitalization Service	A mental health partial hospitalization service for adults with serious mental illness
	02	021	SA Partial Hospitalization Service	A substance abuse partial hospitalization service for adults with substance use disorders

	02	023	Partial Hospitalization Service	A partial hospitalization service for children and adolescents
	02	029	Therapeutic Day Treatment Service for Children and Adolescents	A mental health school based day treatment service for children with serious emotional disturbance
	03	001	Mental Health Skill Building Service	A mental health community support service for (<i>population served</i>) with serious mental illness ()
	03	004	Mental Health Supportive In-Home Service	A mental health supportive in-home service for children and adolescents
	03	011	ID Supportive In-Home Service	An intellectual disability supportive in-home service for children, adolescents and adults
	03	013	REACH ID Supportive In-Home Service	A REACH intellectual disability supportive in-home service for children, adolescents and adults
	04	001	Psychiatric Unit Service	A mental health and substance abuse inpatient psychiatric service for adults
	04	005	Psychiatric Unit Service - Children	A mental health and substance abuse inpatient psychiatric service for children and adolescents
	04	011	Medical Detox/Chemical Dependency Unit Service	A substance abuse medical detox/chemical dependency service for adults
	05	001	Intensive In-Home Service for children and adolescents	A mental health intensive in-home service for children and adolescents and their families
	06	001	Medication Assisted Treatment/Opioid TX Service	A substance abuse medication assisted treatment/opioid service for adults
	07	001	Emergency Services/Crisis Intervention Service	A mental health emergency service/crisis intervention service for children, adolescents and adults
	07	002	Emergency Services/Crisis Intervention Service	A mental health emergency service/crisis intervention service for children, adolescents and adults
	07	003	Outpatient MH Service	A mental health outpatient service for (<i>population served</i>) ()
	07	004	Outpatient MH/SA Service	A mental health and substance abuse outpatient service for (<i>population served</i>) ()
	07	005	Outpatient SA Service	A substance abuse outpatient service for adults (<i>population served</i>) ()
	07	006	Outpatient Service /Crisis Stabilization	A mental health non-residential crisis stabilization service for adults/children/adolescents
	07	007	MH Outpatient Service/Crisis Stabilization - REACH	A mental health crisis stabilization outpatient service for adults - REACH
	07	009	ID Crisis Stabilization- Non-Residential Service	An intellectual disability NON-residential crisis stabilization service
	07	010	Outpatient Service.-ABA	A mental health outpatient community-based applied behavioral analysis service
	07	011	Outpatient Managed w'drawal - Medical Detox Service	A substance abuse outpatient managed withdrawal medical detox service for adults
	08	011	Sponsored Residential Homes Service	An intellectual disability sponsored residential home service for adults
	08	013	Sponsored Residential Homes Service	An intellectual disability sponsored residential home service for children and adolescents
	08	014	MH Sponsored Residential Homes Service	An mental health sponsored residential home service for (<i>population served</i>) ()
	09	001	Out-of-Home Respite Service	An out-of-home respite service for adults
	09	002	Out-of-Home Respite Service	An out-of-home respite service for children and adolescents
	09	003	Out-of-Home Respite	An out-of-home respite crisis stabilization service for (<i>population served</i>) ()
	10	001	In-Home Respite Service	An in-home respite crisis stabilization service for adults
	10	002	In-Home Respite Service	An in-home respite crisis stabilization service for children and adolescence
	10	003	In-Home Respite Service	An in-home respite crisis stabilization service for (<i>population served</i>) ()
	11	001	Correctional Facility RTC Service	A mental health service in a correctional facility
	14	001	Level C MH Children Residential Service	A Level C mental health children's residential service for children with serious emotional disturbance
	14	004	MH Children Residential Service	A mental health children's residential service for children with serious emotional disturbance
	14	007	SA Children Residential Service	A substance abuse children's residential service for children
	14	008	MH Children Group Home Residential Service	A mental health group home residential service for children with serious emotional disturbance
	14	033	SA Children Group Home Residential Service	A substance abuse group home residential service for children

	14	035	ID Children Group Home Residential Service	An intellectual disability group home residential service for children
	14	048	ICF-IID Children Group Home Residential Service	An intermediate care facility for individuals with an intellectual disability (ICF-IID) group home residential service for children
	16	001	Case Management Service	A MH, ID, SA case management services for children, adolescents and adults
	16	002	ID Case Management Service	An intellectual disability case management service
	16	003	SA Case Management Service	A substance abuse case management service
	16	004	MH Case Management Service	A mental health case management service for adults with serious mental illness
	16	005	Children and Adolescents MH Case Management Service	A mental health case management service for children and adolescents
	16	006	Intensive Care Coordination Service	An intensive care coordination service for children and adolescents
	17	001	Intensive Community Treatment (ICT) Service	A mental health intensive community treatment (ICT) service for adults with serious mental illness
	18	001	Program of Assertive Community Treatment (PACT) Service	A mental health program of assertive community treatment (PACT) service for adults with serious mental illness

9/11/2014 DBHDS

5. SERVICE INFORMATION: Complete for the organization to be licensed by the Department of Behavioral Health and Developmental Services.

Service Director: _____

Phone: () _____ **E-Mail** _____

Client Demographics (check all that apply):

☐ Male ☐ Female ☐ Both Child ☐ Adolescent (Min. & Max. Age Range) _____

LOCATION

6. Location Name: _____ # of beds: _____

Address: _____

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City: _____ County _____ State: _____ Zip: _____

Location Manager: _____ Phone: () _____ E-mail: _____

Directions: _____

7. NAME AND ADDRESS OF OWNER OF PHYSICAL PLANT

Name	
Address	

8. RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS

Financial Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Personnel Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Residents' Records	Address: _____ City: _____ County _____ State: _____ Zip: _____

<u>REQUIRED ATTACHMENTS</u>	<i>Children's Residential Service Regulations</i>	<i>All Other Services Regulations</i>
1. <input type="checkbox"/> The Completed Application form	§12 VAC 35-46-20 (D)(1)	§35-105-40(A)
2. <input type="checkbox"/> A Working Budget (appropriated revenues and projected expenses for one year –a 12-month period)	§12 VAC 35-46-20 (D)(1) §12 VAC 35-46-190 (A)(2)	§35-105-40(A)(1)
3. <input type="checkbox"/> Evidence of financial resources or line of credit sufficient to cover estimated operating expenses for ninety days (and must be maintained on an ongoing basis)	§12 VAC 35-46-180	§35-105-210(A) & §35-105-40(A)(2)
4. <input type="checkbox"/> A copy of the Organizational Structure , showing the relationship of the management and leadership to the service	§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-20 A	§35-105-190(B)
5. <input type="checkbox"/> Complete Service Description (including philosophy and objectives of the organization, comprehensive description of population to be served, admission, exclusion, continued stay, discharge/termination criteria, a description of services or interventions to be offered, brochures, pamphlets distributed to the public, a copy of the proposed program schedule, etc)	§12 VAC 35-46-20 (D)(1)	§35-105-40 & §580(C), §570
6. <input type="checkbox"/> Record Management Policy addressing all the requirements of the regulation	§12 VAC 35-46-20 B [1-5] §12 VAC 35-46-180. C	§35-105-40 & §870(A), 390
7. <input type="checkbox"/> Staffing Schedule & Written Staffing plan (use staff information sheet to list potential staff members with designated positions & qualifications, etc.), relief staffing plan, & comprehensive supervision plan	§12 VAC 35-46-180	§35-105-590
8. <input type="checkbox"/> Resumes of <u>all</u> Identified Staff, particularly services director, QMRP, QMHP, and licensed personnel.	§12 VAC 35-46-270 (B)(1)	§35-105-420(A)
9. <input type="checkbox"/> Position Descriptions - copies of <u>all</u> position(job) descriptions that address all the requirements (position descriptions for case management, ICT and PACT services must address the additional regulations for those services).	§12 VAC 35-46-20 (D)(1) §12 VAC 35-46-280, §12 VAC 35-46-340 & §12 VAC 35-46-350	§35-105-40 & §410(A)
10. <input type="checkbox"/> Evidence of Authority to conduct Business in Virginia. Generally this will a copy of the applicant's State Corporation Commission Certificate.	§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-320	§35-105-40(A)(3) and §190(B)
11. <input type="checkbox"/> Certificate of Occupancy – for the building where services are to be provided (except home-based services),	§12 VAC 35-46-20 (D)(1)	§35-105-260
<i>And for residential services:</i>		
1. <input type="checkbox"/> Copy of the Building floor plan, with dimensions	§12 VAC 35-46-20 (D)(1)	§35-105-40 (B)(5)
13. <input type="checkbox"/> Current Health Inspection	§12 VAC 35-46-20 B	§35-105-290
14. <input type="checkbox"/> Fire Inspection, if over eight residents	§12 VAC 35-46-20 (D)[1-4]	§35-105-320
Children's Residential Service Only		
15. <input type="checkbox"/> Articles of Incorporation, By- laws, & Certificate of Incorporation	§12 VAC 35-46-20 (D)(1)	Facility operated by a VA corporation
16. <input type="checkbox"/> Articles of Incorporation, By- laws, & Certificate of Authority	§12 VAC 35-46-20 (D)(1)	Facility operated by a out of state corporation
6. <input type="checkbox"/> Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body	§12 VAC 35-46-20-170	Facilities with a Governing Board
7. <input type="checkbox"/> References for three officers of the Board including President, Secretary and Member-at-Large	§12 VAC 35-46-20 D	Facility operated by Corp., an unincorporated Organization, or an Association

Current/Past Provider Services

Please identify:

- 1) The legal names and dates of any services licensed in Virginia or other states that the applicant currently holds or has held,
- 2) Previous sanctions or negative actions against any licensed to provide services that the holds or has held in any other state or in Virginia, and
- 3) The names and dates of any disciplinary actions involving the applicant's current or past licensed services. If none, please indicate, "NONE" in the space below.

Current Services:

Past Services:

Sanctions/Negative Actions/Disciplinary Actions:

Certificate of Application

This certificate is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.

I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.

I understand that unannounced visits will be made to determine continued compliance with regulations.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.

Signature of Applicant: _____ Title: _____
Date: _____

If you have any questions concerning the application, please contact this office at (804) 786-1747. Please return the completed application to:

**Office of Licensing
Department of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218-1797**